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Monte L. Falcoff

(Depositor's name)

(Signature)

September 11, 2009

(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
Ī	10/791,377	03/02/2004	Marcos Dantus	6550-000057/CPE	8952

TITLE OF INVENTION: LASER SYSTEM USING ULTRA-SHORT LASER PULSES

APPLN. TYPE	SMALL ENTIT	TY ISSUE FE	E DUE	PUBLICATION FEE DUE	TOTAL FEE(S) DUE	DATE DUE		
Nonprovisional No		\$15	10	\$300	\$1810	09/16/2009		
EXAMINE	R	ART UNIT	CLASS	S-SUBCLASS				
Delma Rosa Forde		2828	2828 372-030000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
(A) NAME OF ASSIGNE	E Operating Mich	igan State Universi	(B) RES	ution for filing an assignment. SIDENCE: (CITY and STATE St Lansing, MI patent):	OR COUNTRY) Corporation or other private g	roup entity Government		
4a. The following fee(s) are su ✓ Issue Fee ✓ Publication Fee (No sm. ✓ Advance Order - # of Co.	all entity discount pen		Paym	t of Fee(s): ck is enclosed. ent by credit card. Form PTO-20 Director is hereby authorized to payment, to Deposit Account Num	charge the required fee(s), a	iny deficiency, or credit any tra copy of this form).		
5. Change in Entity Status (f a. Applicant claims SM The Director of the USPTO is	ALL ENTITY status.	See 37 CFR 1.27.		plicant is no longer claiming SMA		· · · · · · · · · · · · · · · · · · ·		
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Authorized Signature	m	MIE		Date S	eptember 11, 2009			
Typed or Printed Name Monte L. Falcoff				Registration No. 37,617				

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